Dr Sam Chachoua's INDUCED REMISSION THERAPY

Dr Sam Chachoua has identified 'nemesis organisms' that can control and even cure diseases such as cancer and AIDS, but his therapies have been largely ignored by the medical establishment.

Part 2

From a lecture presented by
Sam Chachoua, MB, BS
on "Revolutionary New Therapies in the Treatment of Incurable Diseases"
at the 2nd World Congress on Cancer
Sydney, Australia
15-19 September 1995

We published the first part of Dr Sam Chachoua's story in NEXUS 5/01 and promised to follow up with further detail on his Induced Remission Therapy. Here we present an edited transcript of the lecture he gave at the 2nd World Congress on Cancer, held in September 1995, followed by a recent update from Dr Chachoua. — Editor

My name is Sam Chachoua and I'm an MD from Melbourne, Australia. What I'm going to talk to you about now is something quite new and revolutionary. It's called Induced Remission Therapy and it's a treatment that is based on three natural phenomena: organ resistance, organism resistance, and spontaneous remission.

I first got into cancer research at an early age when my father was diagnosed with multiple myeloma, and I basically tried to see whether I could find something that could help him where conventional therapies were failing. One thing that I noted in all the studies I had was that there are parts of the human body—for example, the small intestine—which are consistently resistant to cancer. Regardless of how far and wide cancer usually spreads, it usually leaves the small intestine alone.

There's also something known as "organism resistance", which means that most other animals that we try to give human cancer to are able to reject it. So I set about designing an experimental protocol where I was going to find out what it was about the small intestine that made it resistant to cancer, and I was going to find out what it was about horses, cats and dogs and other animals that made them resistant to human cancer.

To cut a long story short, I managed to isolate the immunological factors which I used in experimental protocols at the Peter McCallum Cancer Institute. At age 18 I'd written my first paper, and the following year I presented it before the Clinical Oncology Society of Australia. Let me tell you, I was pretty proud of myself. I thought: "Kid, you've got it made; you've helped your dad now, and this therapy is going to be adopted soon." And I could just see it. I was going to walk into the Clinical Oncology Society of Australia. Everybody's going to cheer and get on the phone and say: "Hey, we've got a young kid here; give me the Nobel Committee." Naïve! I was actually greeted with all the warmth one usually reserves for a venereal disease or an acute attack of haemorrhoids!

Let me just jump to how this form of therapy can apply to AIDS. We've known for a very long time that it's impossible to give animals AIDS by injecting them with HIV. Now there are two possibilities: either animals are inherently resistant, i.e., they don't have receptor sites for HIV; or maybe, just maybe, they have an immune system which is capable of fighting and destroying the virus. Well, hey, let's check it out!

So the initial data all showed promise that you could raise an immune response out of a horse, for example, that would selectively destroy HIV. What intrigued and amazed me was seeing the thought processes or, rather, *not* being able to see the thought processes in the AIDS researchers who for years now have tried to find some way of developing an immune system resistant to AIDS. They sit there and say: "Well, we need to make an animal model. Once we have an animal model, once we've made an animal sick with AIDS we can find a way to cure it." So they get their little test animals; they get their rats, their dogs, their horses and cats; they inject them with HIV—and they can't give them AIDS! They get really upset about that: "How am I supposed to find a cure for AIDS if I can't give this animal AIDS? I'm injecting it with HIV to try to find an immune response that will kill HIV, and it won't take it. How am I supposed to do my job?" Are you following the thought pattern here? It's looking right at them.

It would seem a bit of an anticlimax if I were to tell you that one of the easiest ways to deal with the greatest plague today is to use an animal system that's resistant to the plague, and treat and cure the people suffering from the disease. A hundred years ago, before we had antibiotics, the only therapy we had for pneumonia, smallpox and polio was horse serum. They'd get a horse, shoot it with a disease, draw the horse serum out, shoot that into the person and cure them. If that therapy was good enough to deal with the plagues a hundred years ago, why isn't it being applied now?

But what happens if you do apply it now? Here's the case of a young man with AIDS. He's 32 years old. He's got a pneumocystis pneumonia, he's short of breath, he's got a T-cell count of 80 and a T4/T8 imbalance. So, essentially, his blood, his virus, is extracted out; an animal, such as a horse, is vaccinated with his blood; the antiserum from the animal is then purified against this patient's blood so it doesn't cause allergic reactions; and the patient is treated with the horse's serum. And we see that within 24 hours, the pneumocystis pneumonia clears up. That's pretty remarkable considering that the best that antibiotics can do, if they can clear it, is take days to weeks. This patient's symptoms resolved; his T-cell count went up to 780 within 10 days from a low of 80, and his T4/T8 ratio became normal.

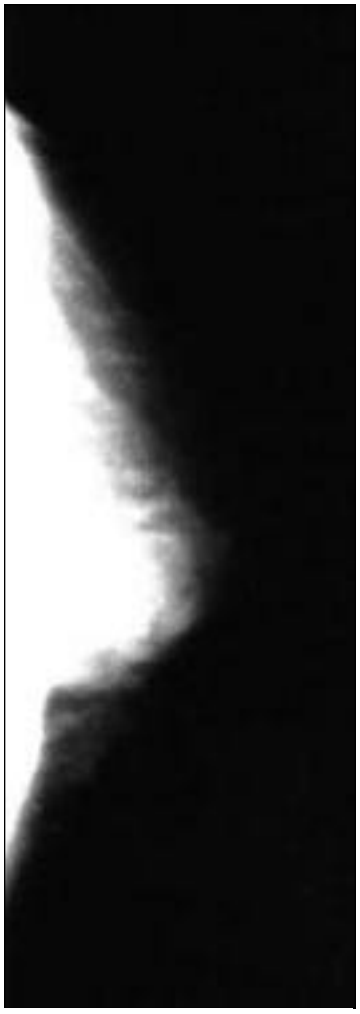

Fig. 1a: Breast cancer seen on mammogram of 65-year-old female.

Now what I've just told you is pretty dramatic, but doesn't it make some sense to you? Isn't it common sense? We have a disease that can ravage our immune systems but can't ravage a horse's, can't ravage another animal's. Why not use those animals' immune systems to destroy the disease?

So, off I went to the big hospitals in the US, and I said, "Hey, guys, look at this!" I showed them the case study and the patient I brought with me. I showed them 'befores' and 'afters' which were done on US soil, and they said: "Inject a person with horse serum? Are you insane? We'd never do that."

A few months later, some of the people whom I was speaking to from a related centre—friends of theirs, actually—came out with the announcement that they're going to give a baboon's bone marrow to an AIDS patient because baboons are resistant to HIV!

We have a disease that can ravage our immune systems but can't ravage a horse's, can't ravage another animal's. Why not use those animals' immune systems to destroy the disease?

At that stage, feeling dejected and rather silly, I set about trying to investigate as much in the way of alternative therapy and conventional therapy as I could—and believe me, I investigated just about everything, down to laughter therapy!

Now one thing that really struck me very quickly on in the piece when I was reviewing all the alternative, natural and conventional therapies is that there are two misnomers that exist in this world. One of them is "natural therapy".

Please, don't take me the wrong way. There's a lot of good in alternative therapy, there's a lot of good in vitamins and diet, but what on Earth is natural about shoving 50,000 units of vitamin C intravenously? What's natural about injecting ozone into somebody's backside? What's natural about cappuccino enemas?

The other great misnomer in the medical field of conventional therapy are the terms "radiotherapy" and "chemotherapy". How the world "chemo" ever got side by side with the word "therapy" is beyond me. Never before has a therapy repeatedly failed for 80 years, caused the most hideous side effects known to man, and continued to prosper and flourish. It amazes me that chemotherapy has spread its wings without people knowing.

For example, how many people know that the commonest therapy for aggressive psoriasis these days is chemotherapy? Teenagers and people of child-bearing age will go to the doctor, and their doctor will say: "I'll give you a folic acid antagonist called Methotrexate." You see, "folic acid antagonist" sounds better than "chemotherapy", doesn't it, but it's chemo. These kids are swallowing poison, and they and their kids will suffer the consequences.

Did you hear about the latest breakthrough, a new form of contraception that's now on the market? It's a one-shot abortion injection. Well, the abortion injection is a folic acid antagonist. It's chemotherapy.

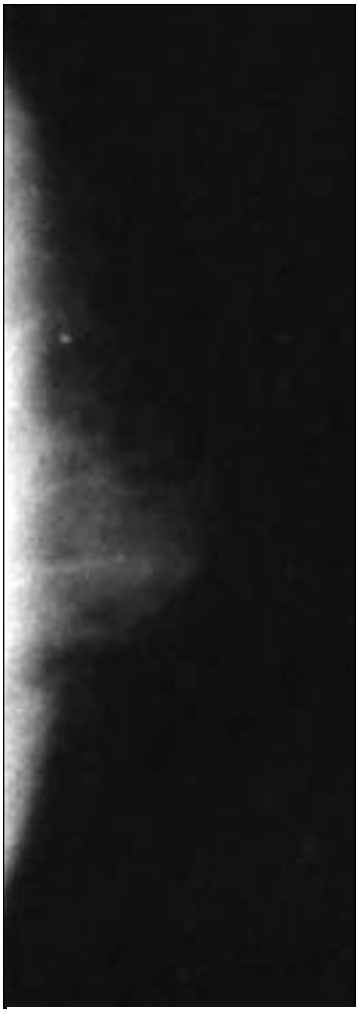

Fig. 1b: After 10 days of treatment, breast is back to normal.

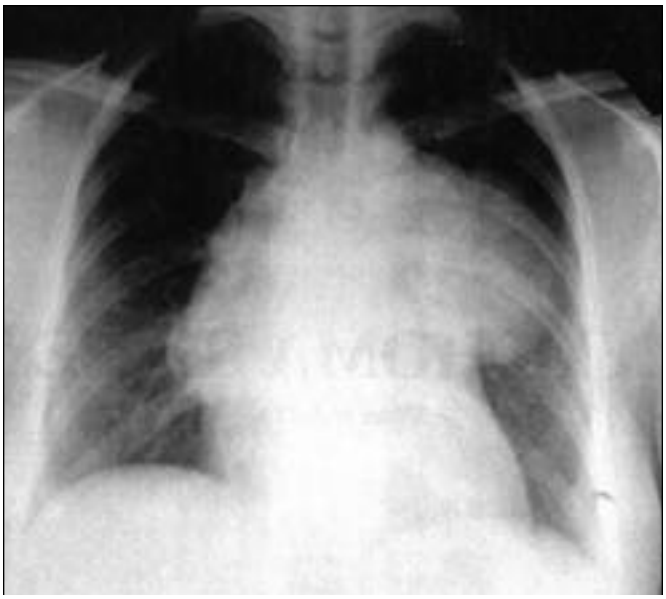

Fig. 2a: Non-Hodgkin's lymphoma seen in 32-year-old-female.

Let's be blunt about something. Alternative therapy is great, and we can probably extend and improve the quality of life of people who are ill, and, heaven knows, we can prevent a lot of diseases from happening; but when you cut down to the chase, conventional therapy and alternative therapy are joined by one thing.

Over the past hundred years in the war against cancer, we've failed abysmally. Let's be frank here: if a hundred people were to do the most arduous alternative therapy available, we would not cure a hundred cancer patients; we would not cure a hundred AIDS patients.

There are only three reasons why we're failing in our war. One possibility is that the weaponry isn't powerful enough. Now, in chemotherapy and radiotherapy we have weaponry that can cremate a person! So, it can't be that one; rule that one out. The second possibility is that the target is invisible. Now we know that to be true; we know that cancer cells are immunologically invisible. The third possibility is that there's another target.

The one thing I found depressing about alternative and conventional therapy is that they both totally ignored the phenomenon of "spontaneous remission" which is perhaps the most natural phenomenon which repeatedly tells us how to cure terminal disease. "Spontaneous remission" is a term given to miraculous healings, where people on their death bed 'rise from the dead' within two to three days without a trace of their disease. It's a phenomenon that's been reported in the literature but hardly ever investigated.

The data on spontaneous remission strongly suggest that just before a person with cancer, heart disease, arthritis or any of the other terminal diseases has a spontaneous remission or a cure of their disease, they suffer what seems to be a viral or bacterial or some form of severe infection.

This was noticed by a Dr Didot, in France, who noted that the existence of syphilis precluded the appearance of cancer. If prostitutes had syphilis, they were very unlikely to develop cancer. This doctor actually treated 20 cancer patients with syphilis and, of those 20, 14 went into total remission. As the syphilis grew, it munched up the cancer; the cancer went away. Another three patients did pretty well, and a couple of them died of the syphilis. But this was a few hundred years ago, and given the choice between "the Big C" and "the Big S"—well, today we can cure syphilis with a couple of shots of penicillin, or so I've been told!

Late last century, Dr William Coley had a patient who had bone cancer and developed a severe syphilis or skin infection. As the skin infection grew, it munched on the bone cancer and the bone cancer disappeared. Dr Coley went on to develop what he called "Coley's toxins" and used them for many years as a therapy that got quite good results.

The trouble here is that Dr Coley succumbed to what I call "macho medicine". The infection he isolated from the patient, and which cured the patient, had remarkable successes in subsequent patients treated with the same infection, but he wasn't happy with that. Coley wanted something that would do better, so he found a more toxic infection. Instead of using the specific *Streptococcus* strain which he'd isolated from the patient, he found a *Streptococcus* that kills people, reasoning that it's more toxic, therefore it will kill more cancer, and therefore the chances of cure are better.

It's been long known that in areas where malaria exists, there's no cancer; and when you get rid of malaria, drain the swamps, kill the mosquitoes, the cancer rate rises. People who have cancer and who catch malaria have a chance of going into remission. Just recently, Dr Henry Heimlich [who developed the Heimlich manoeuvre for preventing choking] injected a few AIDS patients with malaria and managed to get them into some form of remission where they improved and stayed stable at the improved level.

All these observations led me to come up with something I call "nemesis theory", which states that for every disease there's an antidisease organism which will specifically attack and destroy it.

This then led to the development of "nemesis therapy", where I make extracts of these "nemesis organisms" with which to treat specific diseases.

And how do you find nemesis organisms? Well, you look around. Where there's a disease and there's less of another disease, the chances are that they're antagonistic to each other. Or, you work on basic levels, as I like to do, and do test after test after test to check.

What I did in the laboratory was get thousands of bottles and place leukaemia lymph node tumour biopsies in them. Each bottle had a particular organism growing inside it. The one with affinity for the cancer actually grabbed hold of the cancer and ate

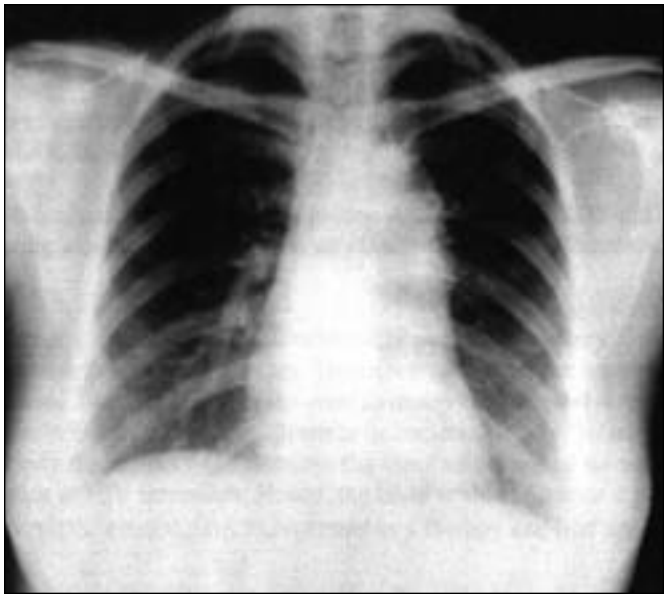

Fig. 2b: Resolution of lymphoma after two weeks of treatment.

it. This protein 'web'—actually, a fungus—shot up and encapsulated the tumour. Within a few days, there was a little bit of the cancer left. A couple of weeks later, no cancer—just the fungus!

So what this does is it gives us this new therapeutic modality. This nemesis organism can now give us highly specific chemicals that it used to kill the cancer, but which can be made so they do not attack any other sort of tissue. Two, it can give us tagging complexes which stick to the outside of the cancer and make the cancer highly visible to the immune system. And three, it can give us a complete range of digestive enzymes which are specific for digesting the cancer and the cancer alone. So this little baby not just kills the disease, it also cleans up after itself!

With use of the tagging system, if the immune system looks at this fibrillary network of protein stuck onto the outside of the cancer, it doesn't see cancer; it sees a bug and it wants to go after the bug. Now, you don't inject the bug; you purify the protein extract that sticks to the cancer and you inject that. That then sticks to the cancer in the body. The body can then see it and recognise it because it's tagged with bacterial, fungal or viral protein.

You and I have no trouble getting rid of a cough or a cold in a week or two. We can get rid of cancer: make the cancer *look* like a cough or a cold by sticking cough or cold particles on it, and the body will attack it, destroy it and remove it.

However, there were instances where patients had a regression several months or years after treatment of their tumours with a tagging complex. This suggested that tagging the cancer was not the be-all and end-all, that tagging the cancer cell still didn't cure cancer the disease. There was another factor at work.

An interesting observation was made about 20 years ago when leukaemia patients were treated by wiping out their bone marrow and then giving them somebody else's bone marrow. It was found that the leukaemia would invariably recur. And you know how they say how cancer comes back? Well, the doctor says: "Sorry, Mr Jones; it seems that when I was operating on you and I was giving you the chemo and the radio, one cell spilt, and this one cell hid and then went all over the place and grew again—just this one cell, the spilt cell." One cell or a few cells get loose and the disease comes back. This may account for some of the cancer recurrences, but to try to explain *all* cancer recurrences that way, the medical term for that is "crap"!

What we know from those leukaemia trials is that they wiped out the patient's bone marrow. There was nothing left! They gave him someone else's bone marrow. Six months later, the leukaemia came back. Now, if it was a leftover cell, then when you check that leukaemia cell you should find that it's the same as the leukaemia you treated before the patient went into remission, true? It should be the same cell come back. However, when they ran DNA checks, they found that not only wasn't it the same cell, but it belonged to the donor. It was the donor's bone marrow that had turned into leukaemia cells!

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We can get rid of cancer: make the cancer *look* like a cough or a cold by sticking cough or cold particles on it, and the body will attack it, destroy it and remove it.

This finding has been published in the conventional medical literature, and it means that cancer the disease is not cancer the cell. There is something in the body of a patient which regenerates and augments cancer, the cancer cell. And if you don't address that, then you won't get rid of the disease.

So there I was, with all these little bottles, cooking up these nemesis organisms and tagging them, but something kept showing up over and over and over again which was driving me nuts. I would incubate the cancer with another organism—say, an *E. coli*—and I'd find other organisms growing when the cancer cells died, that I hadn't put in there. They would usually be staphylococcal or streptococcal in appearance. Acid-fast bacilli sometimes would show up, depending on what culture medium was used and for how long I cultured them.

Now this is really interesting. What you notice is what some people would call "pleomorphism" in progress. A couple of elements would develop these elongated rodlike structures, and you could actually see a coccal form changing into a rodlike form. Pleomorphism in action.

I went to my colleagues and said: "Look, why do I keep getting these bugs? It's a sterile cancer I'm putting into the bottle, for goodness sake. I'm incubating with something completely different, and these bugs keep showing up." And they said: "Well, Sam, you know what you're like. You probably sneezed and contaminated the whole lot!" Then I said: "It's happened over and over and over again. So it's contamination?" "Yes, yes, absolutely."

A hundred years ago, everybody blamed this contamination as the cause of cancer. I have the literature. There were thousands of articles written on bacteria—bacterial

TABLE 1: CASE STUDIES OF AIDS PATIENTS TREATED WITH INDUCED REMISSION THERAPY

CASE #1 (32-YEAR-OLD MALE)			
Before entering into therapy:		**After one week:**	
Viral count	**312,000**	**Viral count**	**10,000**
T-helper count	**150**	**T-helper count**	**650**
CASE #2 (49-YEAR-OLD MALE)			
Before entering into therapy:		**After one week:**	
Viral count	**78,000**	**Viral count**	**7,000**
T-helper count	**89**	**T-helper count**	**438**

and fungal organisms—being the cause of cancer. But, as technology gets more and more advanced, we have to reject what's obvious; and when we reject what's obvious, the truth becomes very hard to find.

So how could I prove to these people that these organisms are actually intricately involved in the cancer process or in the AIDS process?

The first thing to do is to grow a bunch of them out of some cancer cells, inject them into a few animals and see how many animals get cancer—and a lot of them do. Because the bug does not kill the animal, the animal develops cancer. In a strange way, it actually appears that developing the cancer makes the animal live longer.

Now, let me warp your minds a little bit here. Believe me, what I'm about to say to you is just a theory, and it has no bearing at all on the efficacy of the therapy, but what if these bugs can't entice an immune response? They are contained in the middle of the cancer; the body is not doing anything to fight them, and yet they're not spreading. What's containing them? What if cancer isn't really the enemy? What if it's the body's last-chance attempt at getting these bugs and localising them in an area so they don't spread and kill us in a hurry? What if cancer is actually doing us a favour? Is that why every time we fry a cancer lesion with radiotherapy and chemotherapy, the whole thing then comes back and explodes all over the place because we're actually releasing the cause from its entrapment? Just a theory!

This therapy at the very least can control the disease, and at best can cause dramatic, rapid improvement. There are many cases of cancer tumour reducing to half its size within a week or two.

For example, fig. 1a shows the mammogram of a breast cancer in a 65-year-old woman. After 10 days of treatment, the breast is normal (fig. 1b). Fig. 2a shows a case of non-Hodgkin's lymphoma in a 32-year-old woman. After two weeks of treatment, her lymphoma was considerably reduced in size (fig. 2b).

It's unheard of to be able to do that and not have significant die-off or toxic effects—and yet they don't exist with this treatment. When you follow nature and follow the guidelines of what happens in spontaneous remission, Induced Remission Therapy can achieve cures with minimal side effects.

I didn't choose the public forum to come here and speak to you today. Please understand me: I would much rather be addressing medical practitioners, peers, and getting this out not as an alternative therapy but as a conventional therapy. I've spent 12 years trying to get my research published in the conventional literature, and 12 years going from hospital to hospital and being treated like something they'd stepped in.

In light of what I read in the paper today—somebody wrote an article condemning this conference—it appears that the message being sent by that person is that if the conventional medical establishment in all its holiness doesn't agree with a concept or a therapy, then the public is just too stupid to be able to understand it fully and evaluate it for themselves. The attitude is that the public is just so dumb that they shouldn't be given the opportunity. Well, my apologies to the author, but the greatest fool I know is a blind fool who'll say opinions about things he hasn't even bothered experiencing or investigating himself.

In this "Kevorkian age", as I call it, where people champion the concept of death with dignity when faced with suffering, pain and disease, I'm offering a technology that can end suffering, pain and disease; and I pray that the emphasis will shift now from trying to support death with dignity to championing life with dignity.

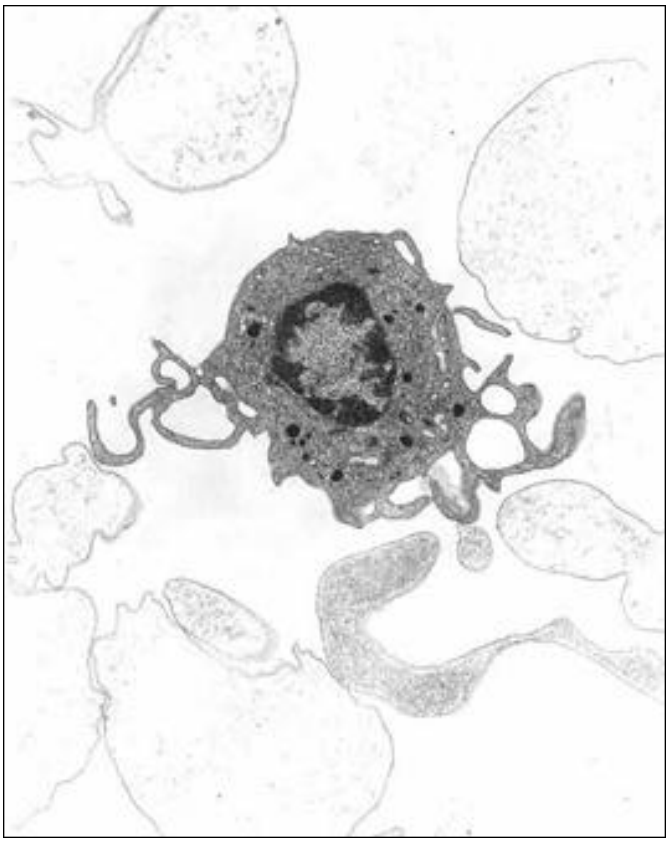

Fig. 3a: Electron microscope photograph shows the fragmenting cell full of HIV particles.

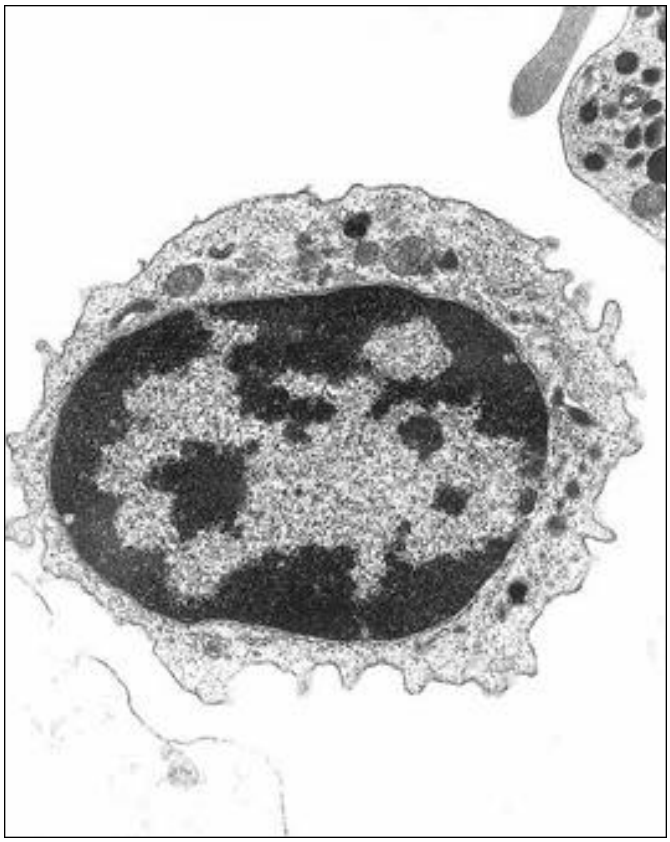

Fig. 3b: Photograph shows the same cell three days later.

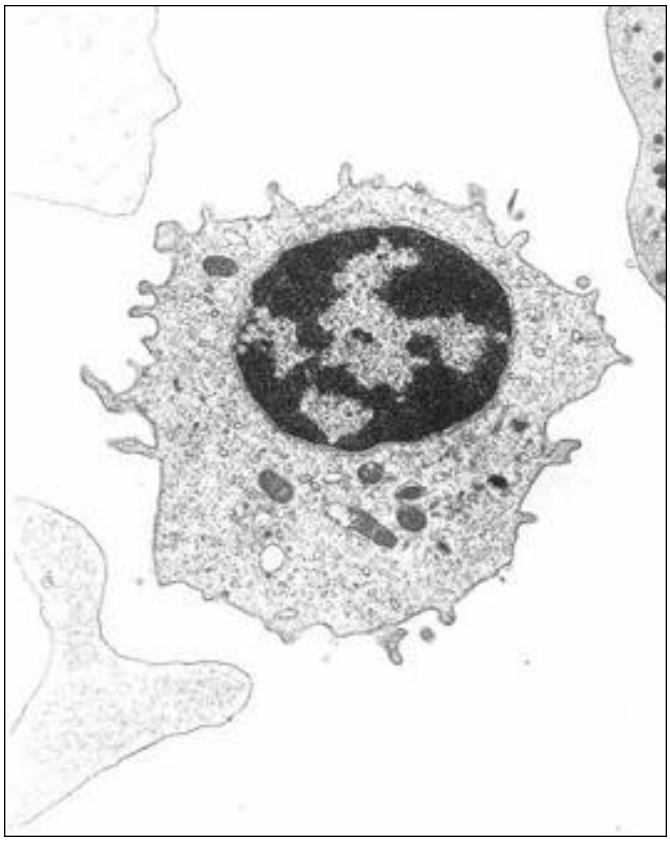

Fig. 3c: Photo taken six days after vaccine treatment shows fewer viral particles per cell.

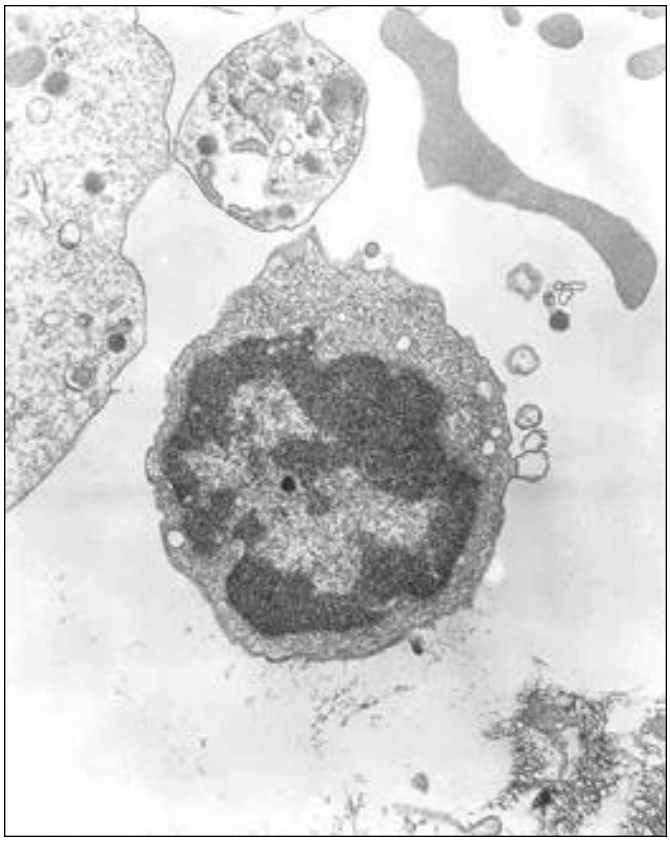

Fig. 3d: Photograph taken nine days after therapy shows no intracellular viral particles and the now-visible cell nucleus.

INDUCED REMISSION THERAPY: 1998 UPDATE

After years of lectures, presentations to peers and public appearances as well as numerous radio, television, newspaper and magazine appearances, I find that conventional medicine still has little awareness of the efficacy of my therapies—as evidenced, for example, in the advances achieved using IRT in AIDS remission (see table 1).

Any doctor can make amazing claims, but independent, unbiased testing is a credible way to determine the efficacy of a treatment. It would not only document the effectiveness of my vaccines but would also stir interest in any promising new therapy.

So I brought case studies of AIDS patients I'd treated to Cedar Sinai Medical Center for evaluation. Dr Shlomo Melmed was impressed with the results, and at his suggestion I sent samples of my vaccine to the AIDS and Immune Disorders Center's Division of Infectious Diseases for *in vitro* analysis. The clinical analysis performed by Dr Eric Daar indicated that out of the 22 samples tested, 20 of them showed 99% efficacy in neutralising HIV-1.

This analysis was followed up with an independent evaluation by University of Southern California clinical laboratories. This involved the electron microscopy of blood samples taken by a control group infected with HIV. This group yielded over 100 photos that demonstrate the attack, death, disintegration and purge of the HIV virus. The PhD who conducted this test remarked that "the number of intact viral particles has declined for each patient following vaccine administration at a level approximating 50%".

Examples of this progression from attack to purge are shown in figures 3a to 3d. The first electron microscope photograph (fig. 3a) shows the fragmenting cell full of HIV particles. The next photo (fig. 3b) shows the cell three days later, with improved stability and decreased viral particle count. The third photo (fig. 3c) was taken six days after vaccine treatment and shows fewer viral particles per cell. The final photo (fig. 3d), taken nine days after therapy, shows no intracellular viral particles and the now-visible cell nucleus.

This evidence from the cellular level demonstrates that AIDS and cancer can be attacked genetically without causing significant damage to the healthy, fast-multiplying cells needed to maintain a healthy life.

You'd think that the media, the medical community and others would be alerted to the fantastic results of this treatment.

It's hard to imagine that institutes entrusted with the public faith and public funds to discover and research new therapies would delay the application of life-saving technology and treatments. It was my hope that knowledge of IRT would be disseminated and the FDA would allow the practice of this therapy upon the countless AIDS and cancer victims who had little hope otherwise. But these doctors and medical institutes denied having any affiliation with me. They denied the impressive test data and even denied knowing me—until forced to declare otherwise before a judge in a civil legal action in San Diego, CA (case no. 700406). It was their incomprehensible behaviour that led me to bring a lawsuit, if for no other reason than to make these test results a record of the court, but I had to pursue these medical organisations so as to have access to further laboratory evidence.

We tend to worship our doctors as gods who will save us from diseases. If these false gods let us down, is it not time to take back responsibility for our lives and well-being? As the public begins to learn of this promising healing technology, IRT, they demand to know why it is being withheld.

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Dr Sam Chachoua's Induced Remission Therapy

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I've always resented my work being associated under the catch-all phrase "alternative medicine". My treatment involves an extremely focused hybrid of what is considered "conventional medicine". However, in my pursuit of any form of therapy that could augment or even supersede my own findings, I've always been interested in alternatives as opposed to conventional, toxic and often barbaric treatments.

Although there is hope of finding other practitioners who have medical information to offer, I have yet to find any breakthroughs that would complement my own.

I've been appalled to find alternative health organisations that sell juice drinks, vitamin C shots and laetrile powders to desperate patients—products costing hundreds and often thousands of dollars yet only costing a few cents to make.

It was in this spirit that I made this offer: US$100,000 to any "alternative" therapy that can prove 10 cases of full cancer remission.

Additionally, I made this offer to the sceptical world of conventional medicine: US$100,000 to any reputable medical organisation that will test and publish the results of my AIDS and cancer vaccines.

No one has yet come forward to make a claim on these offers.

With the realisation that Induced Remission Therapy can offer favourable results now, and with the assistance of additional resources, medical industry professionals who are truly dedicated to curing disease, and have the ability to catalogue, store and culture autogenous vaccines on a large scale, could and would alter medical treatment as recognised today. Historically, institutions are resistant to change. Change comes slowly. So for any promising therapy to be accepted into the mainstream of medical practice, this would require a paradigm shift in medical science as we know it today.

IRT deals with maladies at the genetic level. Indeed, it is the only therapy now in application that concentrates on disease at this level. The matrix of many diseases is at the genetic level, so many types of illness can be treated with IRT.

Genetic correction is the only hope for achieving a cure in such disease conditions as AIDS and cancer, and starkly contrasts the available toxic and inferior modalities that attack disease mechanisms and symptoms while leaving a damaged blueprint.

The best demonstration of this remarkable ability can be seen in the cases where HIV virus is genetically removed from the cell nucleus. Not only is the body purged of the disease, but it is able to repair damage suffered during the course of the illness. This opens up a new field of cellular regeneration never before possible.

The capacity to reverse age- and disease-related DNA damage opens a new world of therapeutic opportunity and almost limitless applications. ∞

Editor's Notes:

• For further details, or to obtain videos on Dr Chachoua's Induced Remission Therapy, phone (213) 655 0271 in the USA; or visit website, www.peg.apc.org/~nexus/chachoua.html.

• To obtain the video of Dr Chachoua's 1995 lecture, contact Independent Medical Research, Suite 401, 135 Macquarie Street, Sydney NSW 2000, Australia, phone +61 (0)2 9247 5366, fax +61 (0)2 9247 5453. Price: AUD$35 + $6 p&h in Aust, $8 to NZ, $15 to UK/Europe (PAL); AUD$45 + $15 p&h to USA (NTSC).

• Dr Chachoua's book, *The Challenge, The Promise & The Cure*, is scheduled to be published in late 1998.